



# Medicare Summary Notice

BENEFICIARY NAME  
STREET ADDRESS  
CITY, STATE ZIP CODE

### CUSTOMER SERVICE INFORMATION

**Your Medicare Number: 111-11-1111A**

If you have questions, write or call:  
Medicare (#12345)  
555 Medicare Blvd., Suite 200  
Medicare Building  
Medicare, US XXXXX-XXXX

**Call: 1-800-MEDICARE (1-800-633-4227)**  
**Ask for Hospital Services**  
TTY for Hearing Impaired: 1-877-486-2048

**BE INFORMED:** Beware of "free" medical services or products. If it sounds too good to be true, it probably is.

This is a summary of claims processed from 05/15/2006 through 08/10/2006.

### PART A HOSPITAL INSURANCE – INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84556-45621 <b>Cure Hospital, 213 Sick Lane, Dallas, TX 75555</b> Referred by: Paul Jones, M.D. 04/25/06 – 05/09/06					a
	14 days	\$0.00	\$876.00	\$876.00	b, c
Claim Number: 12435-84956-84556-45622 <b>Continued Care Hospital, 124 Sick Lane, Dallas, TX 75555</b> Referred by: Paul Jones, M.D. 05/09/06 – 06/20/06					
	11 days	\$0.00	\$0.00	\$0.00	

### PART B MEDICAL INSURANCE – OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim Number: 12435-8956-8458 <b>Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209</b> Referred by: Paul Jones, M.D.						d
04/02/06	L.V. Therapy (Q0081)	\$33.00	\$0.00	\$6.60	\$6.60	
	Lab (3810)	1,140.50	0.00	228.10	228.10	
	Operating Room (31628)	786.50	0.00	157.30	157.30	
	Observation Room (99201)	293.00	0.00	58.60	58.60	
	<b>Claim Total</b>	<b>\$2,253.00</b>	<b>\$0.00</b>	<b>\$450.60</b>	<b>\$450.60</b>	

(continued)

**THIS IS NOT A BILL – Keep this notice for your records.**

**Your Medicare Number: 111-11-1111A**

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$XXXX.XX.
- b \$776.00 was applied to your inpatient deductible.
- c \$30.00 was applied to your blood deductible.
- d The amount Medicare paid the provider for this claim is \$XXXX.XX.

**Deductible Information:**

You have met the Part A deductible for this benefit period.  
You have met the Part B deductible for 2006.  
You have met the blood deductible for 2006.

**General Information:**

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud and abuse, call the phone number in the Customer Service Information Box.

**Appeals Information – Part A (Inpatient) and Part B (Outpatient)**

**If you disagree with any claims decisions on either Part A or Part B of this notice, your appeal must be received by November 1, 2006.** Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the “Customer Service Information” box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number \_\_\_\_\_

# IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

**PART A HOSPITAL INSURANCE (INPATIENT)** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED for Part A** services includes:

- **an inpatient hospital deductible** once during each benefit period,
- **a coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- **a coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once,
- **a blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- **an inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED for Part B** services includes:

- **an annual deductible**, taken from the first Medicare Part B charges each year,
- after the deductible has been met for the year, depending on services received, a **coinsurance amount** (20% of the amount charged), or a fixed **copayment** for each service,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers for free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.